U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mancatory under P.L. 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - //054			2, Fiscal Ye	ear Covered Froin:		
71 - 7			l o	1/01:/2004	4 Through: 12 /	31 /2004
3. Name and address of person filing.			4. Name, f	le number, and addres	s of labor organization.	-
Name Louis G	Rasetta		Name Labor Or	Engineers,	Operating, 033-610	AFL-CIO LU4
P.O. Box, Bldg., Room No., if any			P.O. Box	c, Building and Room N	Number, if any	
Street <b>74 Fuller R</b> d			Street	16 Trotte	r Drive	
City No Andover			City	Medway		
State MA	ZIP Code + 4	01845	State	MA	ZIP Code	9+4 02053
5. Position in labor organization.	usiness Ma	nager -	Busine	ess Represe	ntative	
	<del></del>					

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or Indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).		7.a. Nature of interest, Transaction, or Income.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
		7.b. Amount.	
Street			
City			
State	ZIP Code + 4		

## Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)
dildersighted a knowledge and belief, and, confect, and complete. (and constant of parameters and the second of th

signed our I. Darutte

On 8/12/2005

978.686.4762

Date

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Hoisting & Portable Engineers, Local 4 Apprentice & Training Program

Trade Name, if any: Engineers Training Center

P.O. Box, Bldg., Room No., if any

Street 1 Engineers Way

City

Canton

State MA

ZIP Code + 4 02021

9. Business deals with:

a. Labor Organization

X b. Trust

c. Employer

10. If 9.b. or 9.c. s checked give trust or employer's name.

Name Hoisting & Portable Engineers, Local 4 Apprentice & Training Program Trade Name, if any: Engineers Training Center

P.O. Box, Bldg., Room No., if any

Street

1 Engineers Way

City

Canton

State MA

ZIP Code + 4

02021

11.a. Nature of such dealing.

Labor Management Construction Safety Conference - March 23-24, 2004

11.b, Approximate dollar value of such dealing.

250.00

12.a. Nature of interest held or income received.

Meeting Registration

\$250.00

12.b. Amount.

250.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

 Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

13.b. Is the Business an Employer

or Consultant

?

14.a. Nature of payment.

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any), 9. Business deals with Name Hoisting & Portable Engineers, Local 4 Apprentice & Training Program a. Labor Organization Trade Name, if any: Engineers Training Center: X b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street 1 Engineers Way Canton City ZIP Code + 4 02021 MA State 11.a, Nature of such dealing, 10. If 9.b. or 9.c. is checked give trust or employer's name. IUOE Training and Safety & Health Name Hoisting & Portable Engineers, Conference - April 17-23, 2004 Local 4 Apprentice & Training Program
Trade Name, if any: Engineers Training Center P.O. Box, Bidg., Room No., if any 1 Engineers Way Street 2691.00 11.b. Approximate dollar value of such dealing. Canton City 12.a. Nature of interest held or income received. ZIP Code + 4 State MA 02021 637 Air Fare

Hotel Bill

12.b. Amount.

Registration

Daily Expenses

1254 250

550

2691.00

(meals, tips, ground transportation

tolls, parking, porters)

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trace name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 14.b. Amount of payment. ? 13.b. Is the Business an Employer or Consultant

Name of Person Filing Louis G. Rasetta	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name Hoisting & Portable Engineers, Local & Apprentice & Training Progra Trade Name, if any: Engineers Training Center  P.O. Box, Bldg., Room No., if any  Street 1 Engineers Way  City Canton  State MA ZIP Code + 4 02021	9. Business deals with:
	11 a Natura of such denting
Name Hoisting & Portable Engineers, Local 4 Apprentice & Training Program Trade Name, if any: Engineers Training Center P.O. Box, Bldg., Room No., if any	Massachusetts Building Trades Council AFL-CIO May 12-14, 2004
Street 1 Engineers Way	11.b. Approximate dollar value of such dealing. 28.00
City Canton	12.a. Nature of interest held or income received.
State MA ZIP Code + 4 02021	Meal 28.00
	12.b. Amount. 28.00
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13,b, Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filling LOUIS G. Rasecta	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or with a trust in which your labor organization or with a trust in which your labor organization.	wise dealing with the bus ness vely seeking to represent, or lirectly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name Hoisting & Portable Engineers, Local 4 Apprentice & Training Program Trade Name, if any: Engineers Training Center	
P.O. Box, Bldg., Room No., if any	X b. Trust c. Employer
Street 1 Engineers Way	e. Employer
City Canton	
State <b>MA</b> ZIP Code + 4 <b>02021</b>	
10. If 9.b. or 9.c. is checked give trust or employer's name,	11.a. Nature of such dealing.
Name Hoisting & Portable Engineers, Local 4 Apprentice & Training Program Trade Name, if any: Engineers Training Center	Eastern Seaboard Apprenticeship Conf. June 15, 2004
P.O. Box, Bldg., Room No., if any	
Street 1 Engineers Way	11.b. Approximate dollar value of such dealing. 28.00
City Canton	12.a. Nature of interest held or income received.
State MA ZIP Code + 4 02021	Meal 28.00
	12.b. Amount. 28.00
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trace name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
	14.b. Amount of payment.

Name of Person Filng Louis G. Rasetta	Fila Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name IUOE Local 4 Health & Welfare, Pension, and Annuity Funds Trade Name, if any:  P.O. Box, Bldg., Rcom No., if any P. O. Box 345  Street, 177 Bedford St.  City Lexington  State MA ZIP Coce + 4 + 02420	9. Business deals with:        a. Labor Organization
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name Health and Welfare Funds  Trade Name, if any:  P.O. Box, Bldg., Room No., if any P.O. Box 345	11.a. Nature of such dealing.  Health & Welfare Trustee working lunch Radisson Hotel, Boston 7/22/2004
Street 177 Bedford St.  City Lexington  State MA  ZIP Code - 4 02420	11.b. Approximate dollar value of such dealing. 35.00  12.a. Nature of interest held or income received.  Board of trustees meeting lunch 35.00
	12.b. Amount. 35.00
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name	14.a. Nature of payment.
Trade Name, if any	
P.O. Box, Bldg., Rcom No., if any Street	
State ZIP Ccce + 4	!
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary visubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actually any part of which consists of buying from or selling or leasing directly or it dealing with your labor organization or with a trust in which your labor organication.	erwise dealing with the business stively seeking to represent, or ndirectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name IUOE Local 4 Health & Welfare, Pension, and Annuity Funds Trade Name, if any:  P.O. Box, Bldg., Room No., if any P.O. Box 345  Street 177 Bedford St.  City Lexington  State MA ZIP Code + 4 : 02420	9. Business deals with:  a. Labor Organization  X b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name Health and Welfare Funds  Trade Name, If ary:  P.O. Box, Bldg., Room No., if any P. O. Box 345	Mass Mutual, Social Security and Health & We fare Educational seminar hosted by Fund Office: 10/23/2004 Ramada Inn, ME
Street 177 Bedford St.  City Lexington  State MA ZIP Code + 4 02420	11.b. Approximate dollar value of such dealing. 85.00  12.a. Nature of interest held or income received. Overnight accomodations— Ramada Inn, M  85.00
	12.b. Amount. <b>85.00</b>
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment
Name	
Trade Name if any:	

14.b. Amount of payment.

Street

City

State

P.O. Box, Bldg., Room No., if any

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

?

Name of Person Filing Louis G. Rasetta	File Number U-
B. Held an interest in or derived income or economic benefit with monetary v substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is ac (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business tively seeking to represent, or ndirectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name IUOE Local 4 Health & Welfare, Pension, and Annuity Funds Trade Name, if any:  P.O. Box, Bldg., Room No., if any P. O. Box 345  Street 177 Bedford St.  City Lexington  State MA ZIP Code + 4 ! 02420	9. Business deals with:    a. Labor Organization   X   b. Trust   c. Employer  11.a. Nature of such dealing.
Name Health and Welfare Funds  Trade Name, if any: P.O. Box 345	Health & Welfare Trustee working lunch meeting Radisson Hotel, Boston 11/2/2004
Street 177 3edford St.	11.b. Approximate dollar value of such dealing. 35.00
State MA ZIP Code + 4 02420	12.a. Nature of interest held or income received.  Trustee meetng meal 35.00
	12.b. Amount. 35.00
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	er parts A and B above) y or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	

14.b. Amount of payment.

13.b. Is the Business an Employer

or Consultant

?

substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise		
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name IUOE Local 4 Health & Welfare, Pension, and Annuity Funds Trade Name, if any:  P.O. Box, Bldg., Room No., if any P. O. Box 345  Street 177 Bedford St.	a. Labor Organization  X b. Trust  c. Employer		
City Lexington			
State <b>MA</b> ZIP Code + 4 <b>02420</b>			
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name Pension Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any P.O. Box 345  Street 177 Bedford St.  City Lexington  State MA ZIP Code + 4 02040	Pension & Annuity Trustee working lunch meeting— Radisson Hotel, Boston 9/28/2004  11.b. Approximate dollar value of such dealing. 35.00  12.a. Nature of interest held or income received.  Board of Trustees meal 35.00		
	12.b. Amount. 35.00		
C. Received from any employer (other than an employer covered undoor from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bidg., Room No., if any			
Street			
City			
State ZiP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

14.b. Amount of payment.

ZIP Code + 4

or Consultant

?

13.b. Is the Business an Employer

City

State